op + b								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								104G						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER	R THAN ENTITY	
TOTAL CLAIMS			13				. [RATE FEE		FEE	7.	RATE	FEE.	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		· Ø			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		· &			X43=			OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		·	OR	+290=		
• If	the difference	in column 1 is	ess than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	770.0			
CLAIMS AS AMENDED - PART II									_	7	J	OTHER		
	(Column 1) (Column 2) (Column						_	SMAL	LE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	•	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	grid.		2		X\$ 9=			OR	X\$18=		
	Independent	•	Minus .	***		=		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	+145=			OR	+290=		
								TOTA	-		OB.	TOTAL		
(Column 1) (Column 2) (Column 3)									EL			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	·.		ſ	X\$ 9=	T		OR	X\$18=		
	Independent	•	Minus ·	***		•	t	X43=	T		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		r	+145=	Ť		OR	+290=		
								TOTAL			L	TOTAL		
	(Column 1) (Column 2) (Column 3)										O11 /	ADDIT. FEE l ·		
	`	(Column 3)	_		T .	1001	ſ		ADDI					
S	· 	REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	USLY	PRESENT EXTRA	L	RATE	T	ADDI- IONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		8		X\$ 9=			OR	X\$18=		
	Independent		Minus .	***		•	T	X43=	1		o'R	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								t		ı			
• 11	the entry in colum	+145= TOTAL	L		OR	+290=								
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											OR A	TOTAL DDIT. FEE		
		ber Previously Paid					louni	d in the eq	ppro	priate box	in colu	imn 1.		